|  |  |
| --- | --- |
| FIELDWORK DETAILS | |
| Brief Description of Fieldwork: | |
| Date/Time of Departure: | Date/Time of Return: |
| Fieldwork Location: Provide route of travel, GPS coordinates, or attach a map | |

|  |
| --- |
| COORDINATION OF FIELDWORK |
| Fieldwork Supervisor: |
| Fieldwork Leader: |
| Safety Contact: |
| Home/Other Important numbers: |
| Name of qualified first aid provider(s): |
| Contact information of accommodation provider: |
| Contact information of nearest hospital: |
| FIELDWORK VEHICLE(S) DETAILS [Automobile, ATV, Boat, etc] |

|  |  |  |
| --- | --- | --- |
| Make | Model | License Plate/Registration # |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| COMMUNICATION TOOLS Two (2) different forms MUST be taken |
| Mobile Phone Number: |
| Satellite Phone Number: |
| UHF Radio Number: |
| Other: |

|  |
| --- |
| EMERGENCY EQUIPMENT |
| First Aid Kit Yes |
| Survival Kit Yes |
| Wildlife Repellant Yes |
| Other Yes |

FIELDWORK PLANNING ASSESSMENT

|  |
| --- |
| ADDITIONAL EMERGENCY PROCEDURES |
|  |

|  |  |
| --- | --- |
| CONTACT INFORMATION OF FIELDWORK PARTICIIPANTS | |
| Full Name of Participant | Contact Number |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| SUPERVISOR USE ONLY  SUPERVISORS: Please ensure the Fieldwork Planning Assessment details above are completed accurately.  Thia Fieldwork Planning Assessment has been read and approved by the undersigned.     Name of Supervisor (Printed) Date     Signature of Supervisor | |